AMENDMENT TRANSMITTAL LETTER						Docket No. 0033-0736P
Application No. 09/898,014-Conf. #009296		Filing Date July 5, 2001		Examiner J. E. Shepard		Art Unit d 2623
Applicant(s): Ken	ji MAMEDA		1			
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MS Amendment Commissioner for I P.O. Box 1450 Alexandria, VA 223 Transmitted here	313-1450	ndment in the	ahove identif	ied ann	Nication	
The fee has beer					moation.	
	 	CLAIM	S AS AMEN	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate	
Total Claims	9	- 20 =	0	Х	50.00	0.00
Independent Claims	4	- 8 =	0	×	200.00	0.00
Multiple Dependent Claims (check if applicable) Other fee (please specify):						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00						
A duplicate of A check in the Payment by X The Director as described X Credit an	ge Deposit Accopy of this she amount of \$ credit card. For is hereby authors below. A duping overpayment any additional filipate in \$1.29,271 ART, KOLASCI e Road	eet is enclosed orm PTO-2038 norized to chardicate copy of the cop	is enclor is attached. ge and credit this sheet is enclored.	n the ar sed. Depos enclose	d. quired under 3	o. 02-2448 7 CFR 1.16 and 1.17. November 1, 2006